CASUALTY ASSISTANCE CALLS PROGRAM

TO: NA	AVY PERSONNEL CO	F	RCS: BUPERS 1770-1					
	AC/FHS COORDINAT		DATE:					
A casualty assistance call was made and assistance rendered as indicated. The next of kin								
was requested to advise or contact me or my successor on any matter where difficulty is								
	itered and to advise							
	S and the cognizant							
	risk (*) beside any ito	em to indicate	the placement of	of com	nments in tl	ne Remarks		
Section	==							
NAME OF DECEASED:			RANK/RATE: SSN:			DATE OF DEATH:		
NAME AND RELATIONSHIP OF PERSON			ADDRESS OF	DEDS	ON BEING	 Aggigten:		
	ASSISTED:	OI PERSON	ADDRESS OF	FLNO	ON BLING	AJJIJILD.		
DLING	AGGIGTED.							
DATE BUPERS BENEFITS DATE COMM			AND LETTER OF DATE		DATE A	AND TIME OF		
			E/CIRCUMSTAN	ICES	PERSONAL NOTIFICATION:			
		RECEIVED:						
						ACTION (AS APPROPRIATE)		
	_	SUBJECT			DATE APPLIED FOR	DATE RECEIVED	N/A	
4	REPORT OF CASUALTY KIN AND OTHER AGENC	(DD FORM 1300) (F	URNISHED TO NEXT	OF	N/A			
1.			PPLICATIONS S	IIRMI				
	BURIAL ENTITLEMENTS:		F LICATIONS S	ODIVII	IILD			
2.	A. NAVY							
	B. SOCIAL SECURITY AL							
3.	DEATH GRATUITY							
4.	UNPAID COMPENSATION (UNPAID PAY AND ALLOWANCES)							
_	SURVIVOR BENEFIT PLA	S						
5.	AND CERTAIN RESERVIS							
			,					
6.	SERVICEMEMBER'S GRO							
7.	COMMERCIAL LIFE INSURANCE APPLICATION (INDICATE IN REMARKS THE NAME OF THE COMPANY WHICH COMMERCIAL							
	INSURANCE IS CARRIED							
	UNIFORMED SERVICES I	(DD						
8.	FORM 1173) (MAY INCLU	`						
	COMMISSARY PRIVILEGES)							
	A. DEPENDENTS' TRAVEL							
9.	1. FUNERAL TRAVEL							
	2. BEDSIDE TRAVEL							
	PAYMENT)							
10.	TRANSPORTATION OF H	OUSEHOLD GOOD	S/PERSONAL EFFEC	тѕ				
	SOCIAL SECURITY SURV	IVOR BENEFITS (C	CALL 1-866-777-7887					
11.	MON-FRI 7:00 A.M. TO 4:0	00 P.M. EST TO FIL						
	HEARING IMPAIRED MAY							

CASUALTY ASSISTANCE CALLS PROGRAM (CONTINUED)

SUBJECT		ACTION (AS APPROPRIATE) DATE APPLIED FOR DATE RECEIVED N/A						
12.	FINANCIAL COUNSELING (OSGLI OR OTHER SOURCE)	DATE AFFEIED FOR DATE RECEIVED IN/A						
13.	THRIFT SAVINGS PLAN REFUND							
14.	FLAG CASE							
VETERANS AFFAIRS (VA) BENEFITS								
	A. DEPENDENCY AND INDEMNITY COMPENSATION							
15.	1. SPOUSE							
	2. CHILDREN 3. PARENTS							
16.	GOVERNMENT HEADSTONE OR MARKER (APPLICATION NOT REQUIRED IF BURIAL IS IN NATIONAL CEMETARY)							
17.	MONTGOMERY GI BILL (MGIB) AND VETERANS EDUCTIONAL ASSISTANCE PROGRAM (VEAP)							
18.	PRESIDENTIAL MEMORIAL CERTIFICATE							
19.	VETERAN'S AFFAIRS (VA) EDUCATIONAL BENEFITS							
AS	SISTANCE REQUIRED (INDICATE IN "REMARKS" TO WHO	M REFERRED FOR ASSISTANCE)						
20.	GRIEF COUNSELING (SERVICE SUPPORT OR VA)							
21.	INCOME TAX (W-2 FURNISHED DIRECTLY TO NEXT OF KIN BY DFAS WITHOUT REQUEST UPON COMPLETION OF PROCESSING)							
22.	BANK ACCOUNTS, SAVINGS BONDS, SECURITIES, REAL ESTATE, WILL							
	INVESTIGATIVE REPORTS REQUEST (AS	APPLICABLE)						
23.	JAGMAN INVESTIGATION REPORT							
24.	NCIS INVESTIGATION REPORT							
25.	AIRCRAFT MISHAP INVESTIGATION REPORT							
26.	LINE OF DUTY INVESTIGATION (REQUIRED TO SATISFY ENTITLEMENT TO SBP AND DIC BENEFITS)							
	☐ INITIAL ☐ INTERIM	FINAL						
SPECIAL REQUEST MADE BY BENEFICIARY:								
ACTION TAKEN BY CACO (I.E., MILEAGE AND MANHOURS SPENT ON CASE):								
ACTION DESIRED BY NPC AS FOLLOWS:								

CASUALTY ASSISTANCE CALLS PROGRAM (CONTINUED)

GENERAL REMARKS (INCLUDE LIAISON AND CONTACTS WITH AGENCIES, INDIVIDUALS AND RELATIVES, COMMENTS, OBSERVATIONS, RECOMMENDATIONS AND COMMENTS OF NEXT OF KIN):								
ADDRESS OF NEXT OF KIN:		CACO DSN/COMMERCIAL						
□ NO CHANGE □ NEW ADDRESS IS:		PHONE NUMBERS:						
☐ E-MAIL:								
SIGNATURE AND RANK/RATE OF CACO MAKING	ACTIVITY TO	WHICH ATTACHED:						
REPORT:								
☐ FORWARDED TO CAC/FHS PROGRAM MANGE								
FIRST ENDORSEMENT								
FROM: CAC/FHS PROGRAM MANAGER TO: NAVY PERSONNEL COMMAND (PERS-623)		DATE:						
1. Forwarded.								
SIGNATURE:								